

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Senate Conservatives Fund**

Full Name (Last, First, Middle Initial)

**A. Ms. Paula A. Marrie**

Mailing Address 4639 Shull Rd

City

Columbus

State

OH

Zip Code

43230-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GAHANNA ANIMAL HOSPITAL

Occupation

VETERINARIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	5		

**Transaction ID : ADD196E263A4B4CFEB8E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Larry Taylor**

Mailing Address 1090 Hardeman Mill Rd

City

Madison

State

GA

Zip Code

30650-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	0		2	0	1	5		

**Transaction ID : A63AEE2399ED74309BB9**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Beatrice T. Britton**

Mailing Address PO Box 2327

City

South Hamilton

State

MA

Zip Code

01982-0327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	0		2	0	1	5		

**Transaction ID : AEE79FBF8D79742F2AAB**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

270.00

**TOTAL** This Period (last page this line number only)..... ▶